

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 617872

Entity Name: SY KATZ PRODUCE, INC.

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

755 HWY 105 BYPASS
STE 1
BOONE, NC 28607

Current Mailing Address:

P O BOX 552
BOONE, NC 28607 US

New Principal Place of Business:

755 HWY 105 BYPASS
STE 1
BOONE, NC 28607 US

New Mailing Address:

FEI Number: 59-2069613 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLACHLAN, CAL H
1915 RIVER OAKS DR
WESTON, FL 33326 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARGOLIS, OWEN,
Address: 694 MABEL SCHOOL ROAD
City-St-Zip: ZIONVILLE, NC 28698

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MARGOLIS, OWEN R
Address: 694 MABEL SCHOOL ROAD
City-St-Zip: ZIONVILLE, NC 28698 US

Title: COO () Change (X) Addition
Name: BEDOL, JOEL K
Address: 37 NAROMAKE AVENUE
City-St-Zip: NORWALK, CT 06854 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL K. BEDOL

COO

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date